

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 10/596778 | | FILING DATE | | | | |
|--|----------|------|------------------------------------|------|------------------------------------|------|--------------------------------|----------|-------------|------------------------------------|------|------------------------------------|------|
| | | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| ① | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 3 | | 1 | | | | | | | | | | | |
| 4 | | 3 | | | | | | | | | | | |
| 5 | | 3 | | | | | | | | | | | |
| 6 | | ① | | | | | | | | | | | |
| 7 | | ① | | | | | | | | | | | |
| 8 | | ① | | | | | | | | | | | |
| 9 | | ① | | | | | | | | | | | |
| 10 | | ① | | | | | | | | | | | |
| 11 | | ① | | | | | | | | | | | |
| 12 | | ① | | | | | | | | | | | |
| 13 | | ① | | | | | | | | | | | |
| 14 | | ① | | | | | | | | | | | |
| 15 | | ① | | | | | | | | | | | |
| 16 | | ① | | | | | | | | | | | |
| 17 | | ① | | | | | | | | | | | |
| 18 | | ① | | | | | | | | | | | |
| 19 | | ① | | | | | | | | | | | |
| 20 | | ① | | | | | | | | | | | |
| 21 | | ① | | | | | | | | | | | |
| 22 | | ① | | | | | | | | | | | |
| 23 | | ① | | | | | | | | | | | |
| 24 | | ① | | | | | | | | | | | |
| 25 | | ① | | | | | | | | | | | |
| 26 | | ① | | | | | | | | | | | |
| 27 | | ① | | | | | | | | | | | |
| 28 | | ① | | | | | | | | | | | |
| 29 | | ① | | | | | | | | | | | |
| 30 | | ① | | | | | | | | | | | |
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| 32 | | ① | | | | | | | | | | | |
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| 35 | | ① | | | | | | | | | | | |
| 36 | | ① | | | | | | | | | | | |
| 37 | | ① | | | | | | | | | | | |
| 38 | | ① | | | | | | | | | | | |
| 39 | | ① | | | | | | | | | | | |
| 40 | | ① | | | | | | | | | | | |
| 41 | | ① | | | | | | | | | | | |
| 42 | | ① | | | | | | | | | | | |
| 43 | | ① | | | | | | | | | | | |
| 44 | | ① | | | | | | | | | | | |
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| 100 | | | | | | | | | | | | | |
| TOTAL IND. | 1 | ↓ | | ↓ | 0 | ↓ | TOTAL IND. | 0 | ↓ | 3 | ↓ | 0 | ↓ |
| TOTAL DEP. | 47 | ← | | ← | 0 | ← | TOTAL DEP. | 0 | ← | 18 | ← | 0 | ← |
| TOTAL CLAIMS | 48 | | | | 0 | | TOTAL CLAIMS | 0 | | 21 | | 0 | |